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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5785

FILED MAR 14 1941

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 552

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1510 Brooklyn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community About 36 years  
years, months or days)

3. (a) PRINT FULL NAME Sprague Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Col.

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Ethel Taylor

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Oct 2 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 28

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Yates Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Armours Packing Co.

MOTHER FATHER

12. Name Fountaine Taylor

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Holley

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Crisp

(b) Address 1406 Garfield

17. (a) burial (b) Date thereof 2/8/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hutkins Bros.

(b) Address 1728 Lydia

19. (a) Feb 8-41 (b) M.M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1510 Brooklyn  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 28  
1940, to Jan 30, 1941  
that I last saw him alive on Jan 29, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Phrenoses

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

Major findings: None

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 0

23. Signature J. M. Crowe (M. D. or other) \_\_\_\_\_

Address 1705 E 12 Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Edw. Korman*

Licensed Embalmer No.....

3836

P. O. Address.....

**-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**